



Allegheny County Department of Human Services Helpful Resources

Guidance on Responding if a Client Develops Symptoms for Behavioral Health Residentially Based Care/ Services, Youth Congregate Care, Emergency Shelters and other housing providers

1. If a client in the residential program develops symptoms that could indicate a COVID-19 infection (a fever of over 100.0 F, a new cough within the last seven days, shortness of breath, or a new sore throat within the last 7 days), the client should be asked to stay in their room. If possible, the client should be assigned a single room. Exposed roommates should, if possible, have their own rooms for 14 days. If they remain symptom-free, they can then share a room with others. The client should be asked to wear a mask. Meals and medications should be taken in the room. If no single room is available for a client who develops COVID-19-like symptoms, the provider should complete the Hotel Referral Form to determine eligibility for offsite isolation rooms.
2. In a single email to the following individuals, the program administrator is to immediately notify the Allegheny County Department of Human Services (ACDHS) and the Allegheny County Health Department (ACHD) that a staff person or an individual being served in the program is presumed or has tested positive for COVID-19:
 - Lori Horowitz, Allegheny County Health Department (ACHD), lori.horowitz@alleghenycounty.us;
 - Long Term Care Team, Allegheny County Health Department, Covid19LTC@alleghenycounty.us;
 - Brian Bell, DHS's Privacy Officer, DHS-PrivacyOfficer@alleghenycounty.us;
 - Your DHS program office contact (see Communication protocol for Relevant Contacts list); and
 - CC: LuAnn Brink, Allegheny County Health Department (ACHD), luann.brink@alleghenycounty.us

Please note that this notification and any subsequent related communications with the ACHD or ACDHS do not replace incident reporting requirements.

3. In the body of the email, please include a brief description of the circumstances and identify your organization as a DHS-contracted provider of congregate or residential based care. Agencies operating multiple residential treatment facilities should consider transferring patients so one or more separate facilities are specifically designated for people with known infection or recent exposure and in need of quarantine. The agency should consult with their program office and ACHD according to the communication protocol.
4. The program administrator will consult with ACDHS and ACHD prior to seeking out facility wide testing, initiating offsite housing arrangements or implementing recommendations from professionals outside of the ACHD. In the case of an alternative housing facility, the program administrator will also notify the jail that release or transfer of individuals is pending public health guidance from the ACHD. Additional details on required communications is included in the Communication Protocol for COVID-19 Cases in DHS Contracted Congregate and Residential Settings.
5. Following the initial notification to ACHD and ACDHS, providers must complete an incident report within the required time frames and based upon the requirements of the specific program office.
6. If the client is critically ill and is having difficulty breathing, call 911; it may be necessary to transport the client by ambulance to the hospital.
7. Agencies operating multiple residential treatment facilities should consider transferring patients so one or more separate facilities are specifically designated for people with known infection or recent exposure and in need of quarantine. The agency should consult with their program office and ACHD according to the communication protocol.
8. If more than one client has a positive test, then these individuals can share a room if the program has shared bedrooms.
9. Program staff should work with the client's mental health or primary care provider to secure enough nicotine replacement therapy (NRT) to help eliminate nicotine withdrawal and the desire to leave their room to smoke.
10. Providers should work to ensure clients have access to technology necessary for telehealth appointments and other communications that support their wellness, including for clients required to stay in their rooms.
11. Staff members are required to wear masks in accordance with "Guidance for DHS Providers Conducting In Person Business Operations", increase frequency of hand hygiene practices, and whenever possible maintain at least six feet distance from other individuals.
12. Surfaces, knobs, handles, and other items that come into frequent hand contact should be sanitized a minimum of 3-4 times per day and more frequently if resources and capacity allow.

13. In programs with several bathroom facilities, one bathroom should be set aside for the client(s) who have symptoms consistent with COVID-19 or have tested positive for COVID-19. Surfaces, shower knobs, curtains, handles, and other high-contact surfaces should be sanitized each time these clients use the facilities. If possible, leave the bathroom window open to help reduce aerosolized droplets.
14. In programs with one bathroom, it is critical to clean and disinfect surfaces after clients who test positive for or have symptoms consistent with COVID-19 use the facility. It is recommended to keep disinfecting supplies in the bathroom when possible so clients can wipe it down before and after use. Ventilation fans should remain on and windows should remain open during that time, and no steam should remain when the next resident uses the bathroom.
15. In programs with only one bathroom, all clients and staff should use masks while in the bathroom (unless showering). If possible, stagger shower times by three hours, ensuring that bathroom ventilation fans run for at least 20 minutes between all showers and leave the window open to facilitate clearing of droplets.
16. If programs have the capacity and the client is cooperative, implementing in-room commodes and/or sponge baths is recommended.
17. Clients who test positive for or who have symptoms consistent with COVID-19 should not use shared spaces such as kitchens, common areas, etc. Arrangements need to be made to change existing house routines that require clients to use common spaces.